

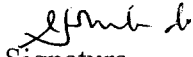
# **EVALUATION OF MENTALLY DISABLED CHILDREN PROGRAM OF SIBUSISO FOUNDATION**

A PROJECT SUBMITTED IN PARTIAL FULFILLMENT FOR THE  
REQUIREMENTS FOR THE DEGREE OF MASTER OF SCIENCE IN  
COMMUNITY ECONOMIC DEVELOPMENT IN THE SOUTHERN  
NEW HAMPSHIRE UNIVERSITY AT THE OPEN UNIVERSITY OF  
TANZANIA, 2005

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**SUPERVISOR CERTIFICATION**

I, Gerald Mkindi, being the supervisor of Alexander Joseph on his project, Evaluation of Mentally Disabled Children Program of Sibusiso Foundation, have read the project report and found it to be acceptable for review.

  
Signature

Date

09/11/2005

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**CANDIDATE DECLARATION**

I, Alexander Joseph, am declaring that this project report submitted in partial fulfillment for the requirements for Master of Science in Community Economic Development in the Southern New Hampshire University at the Open University of Tanzania, 2005, is my own original work, and that it has not been submitted for a similar degree in any other university.

Signature



Date

27/11/2005

## **ABSTRACT**

As one of the requirement for the degree of Master of Science in Community Economic Development in the Southern New Hampshire University at the Open University of Tanzania I engaged in conducting evaluation research of Mentally Disabled Children Program of Sibusiso Foundation, an organization situated at Arumeru district in Arusha region.

My engagement with the organization, lasting for a year, involved undertaking evaluation research with the active participation of Sibusiso Foundation staff, parents of the cmd, government and religious leaders at different levels.

The overall purpose of the evaluation was to gain greater understanding, with specific objectives including; enabling the Foundation to see if the program runs as expected and realize objectives and purpose, learning people's point of view, assessing impacts of the program, and tapping ways of increasing community participation.

The paper presents literature review relevant to the program and the problem of mentally disabled children. Literature review is done along aspects of causes of child mental disability and strategies to deal with this problem. Literature review also involves analysis of relevant policies at international and national level.

Research methodology involved the use of primary as well as secondary sources of data. Secondary sources of data included the Foundation's progress reports, annual reports, audited financial statements, meetings minutes and other program's literature. Primary source of data were obtained through data collection methods, namely; interviews, the use of questionnaires, observation, the use of photographs and focus group discussion.

The findings of the research are analyzed and presented in qualitative and quantitative data presentation formats. This involves text presentation and employing numbers, percentages, graphs and figures to express information.

As a result of the evaluation, the program was found to be efficient and addressing the needs of the community. People were satisfied with it, there were positive impacts to the intended beneficiaries and public in general, and there have been good cooperation with other stake holders. However, there were some reservations, some parents complained of the behavior children acquire while on program. There is too much foreign donor dependency and lack of some professionals, which hamper sustainability of the program.

Out of the evaluation observations and recommendations the organization has started to do some activities intending to implement what have been recommended. These activities include; starting engaging external agent to lead evaluation exercise in every three years, increase leaders' participation, increase publicity to improve community participation in community meetings and publish and circulate quarterly publication.

Generally, however, the program is sufficient and satisfactory. The program addresses the need as viewed by the community. It is my opinion, therefore, that the program should continue as its services are commendable.

## ACKNOWLEDGEMENT

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## **APPENDICES**

- References
- Work plan
- Letter of introduction to the organization
- Response letter from the organization
- Survey questionnaires and interview guides
- The constitution of the organization and certificate of incorporation
- Organization structure chart
- Pictures depicting various program activities

## ACRONYMYS AND ABBREVIATIONS

<b>CED</b>	Community Economic Development
<b>DC</b>	District Commissioner
<b>CMD</b>	Children with Mental Disability
<b>HOMIDED</b>	Hope Mission of Development for the Disabled
<b>NGO</b>	Non Government Organization
<b>PRSP</b>	Poverty Reduction Strategy Paper
<b>SPSS</b>	Statistical Package for Social Scientists
<b>URT</b>	United Republic of Tanzania
<b>VEO</b>	Village Executive Officer
<b>VIP</b>	Very Important Person
<b>WEO</b>	Ward Executive Officer
<b>CCBRT</b>	Comprehensive Community Based Rehabilitation in Tanzania

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## **1. INTRODUCTION**

### **1.1 Introduction**

This paper presents a report of an evaluation of Sibusiso foundation's mentally disabled children program. The reports come out as a result of my attachment with the local NGO. The reports includes the following; introduction, literature review, research methodology, findings, recommendations and conclusion and implementation.

### **1.2 About the Organization**

The organization is called "SIBUSISO FOUNDATION". It is a not for profit organization founded in 2000 as a non governmental organization, registered on 31/5/2001 and awarded a certificate under the Trustees Incorporation Ordinance Cap 375.

#### **1.2.1 Location**

The foundation is situated in Arumeru district, Arusha region, on the road between Arusha and Moshi near Tengeru(at chama bus stop). Address: P.O. box 14408, Arusha, Tanzania.

#### **1.2.2 Mission Statement**

Sibusiso foundation strives to ensure the dignity of mentally disabled children of all cultural and religious backgrounds, to help them discover and develop their potential, and to facilitate their integration into society.

The foundation aims to bring about positive change by:-

- Empowering mentally disabled children with integral education.
- Encouraging the integration into their families, communities and national wide,

- Providing assistance in accessing the different social services
- Enhancing networking between Sibusiso and other organizations.
- Creating constant awareness of the situation of mentally disabled children
- Advocating for their rights.

### **1.2.3 Programs**

The programs run by Sibusiso Foundation to realize its mission, are categorized into interrelated center program and outreach program. The center program incorporate activities carried within the center and outreach program incorporate activities carried outside the center.

#### **1.2.3.1 Centre Program**

The program aims to train and/or give support to mentally disabled children in Sibusiso center. In most cases mentally disabled children are also having other disabilities like physical disabilities and nutritional deficiencies, as such activities developed aims to address all these problems.

#### **Activities**

##### **1. Training Program**

Under this, children and parents/guardians depending on the intensity and level of disability are brought to stay in the center for defined length of time, three month or one month stay.

- Children receive special education to discover and develop their (hidden) capacities.



- Parents/guardians get support, advice and training on how to stimulate the development of the child.
- Education/training is provided through activities such as self care, social skills, music and dance, sports and games, domestic skills and occupational therapy

## **2. Nutrition Program**

Children with nutrition problems are registered and visit the Centre from time to time for nutritional help. If mentally and/or physically disabled children are severely malnourished, they are enrolled to stay in the center to receive nutritional help. Activities include;

- Providing therapeutic feeding program according to the nutritional guidelines to the needy children
- Providing advice and education to parents about the nutritional requirements.

## **3. Physiotherapy Program**

Mentally and physically disabled children receive occupational therapy and /or physiotherapy. The parents/guardians receive advice and instructions on how to handle the children and continue exercise at home. Professional physiotherapist and special needs teachers are involved in physiotherapy and training.

## **4. Farm /Garden**

Children are engaged in activities related to goat and cattle keeping and vegetable gardening. The aim is to train them in these social economic activities and raise their interests in them.

## **5. Open Days**

Every last Friday of the month the organization conducts open days, in which families of mentally disabled children, community leaders, Sibusiso staff and public in general meet at Sibusiso compound for various activities such as sharing ideas and experience on children mental disability, socialization of mentally disabled children, registration of mentally disabled children, education of visitors and advocating for the rights of mentally disabled children.

### **1.2.3.2 Outreach Program**

Outreach program have the following objectives;

- To register mentally disabled children and to select those suitable for the center.
- To give advice and support to the relative of mentally disabled children, community leaders, community health workers, and community in general and to share knowledge on disabilities, ways of stimulating the child development, treatment and educational options.
- To raise awareness and promote the position of mentally disabled children.

## **Activities**

### **1. Community Meetings**

During these meetings families of mentally disabled children, community leaders, religious leaders, teachers, community health workers and other interested parties are invited.

During these Meetings mentally disabled children are registered and some are selected to visit the center. Also discussions, advice, and training / education on mentally disabled children's and how to improve their situation are held.

## **2. Home Visits**

Sibusiso staffs arrange and make home visits especially to mentally registered children, and those graduated from the center. Thus during the visits Sibusiso staffs register new children, give services to the children (physiotherapy training, nutritional foods) discuss with, and train the parents/guardians on how to best treat the disabled children, and follow up the development of the children who received services.

## **3. School Visits**

Sibusiso staff normally visit schools which are expected or already enrolled children who have received Sibusiso services.

School visits are made to see if the school can accommodate the mentally disabled children and to discuss with and motivate the child and school community on child development.

### **1.2.4 Organization Structure**

The foundation is made up by the following positions in order of hierarchy from higher to lower.

- First highest in the hierarchy is the board of trustees which has the utmost power in all matters of the organization.
- Under the board there is Chief Executive Officer who is among the founder members of the organization.

- Then there is General Manager.
- Under General Manager there is internal coordinator heading; physiotherapist, nutrition specialist, teachers, house mothers, kitchen staff and laundry/clearing staff. Maintenance manager who reports to general manager, heads the following staff; garden staff, drivers, maintenance staff and security staff. Also under general manager, there is external coordinator who heads outreach team. (see organization structure chart in the attached appendices).

### **1.3 Evaluation**

This study intends to evaluate the program of Sibusiso Foundation, an NGO dealing with mentally disabled children.

#### **1.3.1 What is evaluation?**

Evaluation means to assess the value or worth of something (*Oxfam 1995*). Other writers have expanded the term to mean the thoughtful process of focusing on questions and topics of concern, collecting appropriate information, and then analyzing and interpreting the information for a specific use and purpose (*Ellen Taylor Powell et al 1996*).

The central concern is the collection and analysis of relevant information for the informed decision and effective management, leading to the achievement of objectives and goal.

### **1.3.2 What To Be Evaluated**

This study intended to evaluate the whole Sibusiso Mentally Disabled Children Program which comprises of center program and outreach program.

Evaluation exercise will specifically cover the following;

- Purpose and content of the program. To see if there is linkage between input, activities, output and objectives. To see if activities lead to the achievement of objectives which ultimately lead to the achievement of the purpose.
- The impact of the program,
- The positive and negative effects of the program,
- The satisfaction of beneficiaries.

### **1.3.3 The Purpose of the Evaluation**

The fundamental purpose of this evaluation is to gain greater understanding.

This purpose is translated into the following more specific reasons;

- To enable the organization see if the program runs as expected and if the objectives and purpose intended are realized. The exercise will point discrepancies if existing, and suggest ways of rectifying.
- To learn from other people's point of view about the program. What beneficiaries, organization's employees, leaders and other stakeholders say about the program? What do they suggest/propose which will contribute in improving the program.

- To assess, if any, the impact of the program to the beneficiaries. How do the beneficiaries perceive the program do they regard it as worth existing? Are the beneficiaries satisfied with the program? If satisfied to what extent? What are the intended and unintended positive and negative effects of the program?
- How can the local government and community participation in the program be improved? How can the organization improve networking with other relevant organizations?
- To assess if mentally disabled children become integrated in the society. Do they become better children and responsible citizen?

#### **1.3.4 Who Will Use the Evaluation?**

The data collected and information analyzed will be used by the following institutions/persons;

##### **1. the organization- Sibusiso Foundation**

What do they want to know?

- advise/contributions about the program by other stake holders
- if the program is meeting objectives and purpose/mission
- if the community is satisfied with the program.

How will the organization make use of the results?

- To make decisions about modifying the program

##### **2. The beneficiaries**

What do they want to know?

- if the program is addressing their needs
- other agents/institutions addressing the same problem
- how they can improve the program

How will they make use of the results?

- To determine whether to participate or not in the program
- To contact other institutions addressing the same problem, if any
- Take part in improving the program

### **3. leaders, donors and community**

What do they want to know?

- If the program is addressing the needs
- What they can do to improve the program
- If the resources are used diligently and properly

How will they make use of the results?

- To determine if the program worth existing
- To continue/increase or stop/decrease their participation in the program
- To determine if and how to take part in financing the program.

### **1.3.5 What Questions The Evaluation Seeks To Answer**

The evaluation will cover the following areas.

#### **Outcomes/ Impacts**

- What are the social and economic impacts (positive and negative) on people and communities?

- Are there real changes to disabled children?
- What are the strengths and weaknesses of the program?
- How efficiently are clientele and agency resources being used?
- Is the program accomplishment worth resources invested?
- What do people gain/learn?
- What if any are unintended secondary or negative effects?
- Are the participants satisfied with the program?

### **Program Implementation**

- What does program consist of? Activities, events, components?
- Who actually carries the program and how well do they do it?
- How many volunteers are involved and what roles do they play?
- Are the financial and staff resources adequate?

### **Program Context**

- How well, does the program fit in the local setting with welfare needs of the target community?
- What in the social economic political environment inhibits or contributes to program success?
- What are current practices?
- What changes do people see as possible or important



## **2. LITERATURE REVIEW**

### **2.1 Theoretical Review**

#### **2.1.1 Introduction**

Disabled persons means any person unable to ensure by himself or herself, wholly or partly, the necessities of the normal individual and/or social life, as a result of deficiency either congenital or not, in his or her physical or mental capabilities (*UN declaration on the Rights of Disabled Persons 1975*)

In this study we would like to confine ourselves to the definition of the child as a person below the age of 18 as spelt out in the Child Development Policy (1996) of the United Republic of Tanzania (URT)

#### **2.1.2 Causes of Child Mental Disability**

There are many causes of mental disability. *Joseph Buday* (2000) mentions pollution and early suffering as responsible for causing mental disabilities.

*M.L. Merais* and *D. Labadarious* (2000) experts of Human Nutrition explain the cause-effect relationship of mental disability and malnutrition. According to them Malnutrition greatly causes mental disability to children, at the same time many disabled children are known to be at higher risk for developing Malnutrition, which may partly explains the growth retardation often encountered in such children and associated complications experienced in later life as adults.

*Rocher Institute (2000)* mentioned many causes of disabilities including heredity, birth defects, lack of care during pregnancy and childbirth, insalubrious housing, natural disasters, illiteracy, poor sanitation and hygiene, congenital diseases and marriage between close relatives.

*Gerison Lansdown (2001)* categorizes major factors causing disability impairment as Poverty (generating and accelerating many diseases), armed conflicts, child work, violence and abuse, and HIV/AIDS.

*Fay Chung of UNICEF (1997)* asserts that disabilities have a variety of causes ranging from diseases, Malnutrition, natural and man made disasters, armed conflicts and landmines.

It can be concluded that causes of mental disability are many and varied and can occur singly or in combination.

### **2.1.3 Strategies to deal with the Problems of mental disability.**

Different writers have tried to advance strategies to deal with the problems of mentally disabled children. *Joseph Buday (2001)* stresses to cooperation between different professions to deal with such problems, because of their complementing roles they play. Special educators focus on the mental disability or hearing impairment and intervention

program in education and training. Social workers focus on aspects of rehabilitation, and lawyers on accountability and rights of mentally disabled children.

*Mary Bruder* stress the importance of parents in reinforcing critical skills in natural context as an important factor associated with the magnitude of the child progress.

*Curalmik, M.J* (1990) advances four principles to help guide the selection of practices for intervention. First, the intervention should be least restrictive and carried in most natural environment. Good services should promote the potential for 'normal' rather than 'disabled' routines. Second, intervention should allow family participation, respond to family priorities and concerns, and recognize child is part of the family. Third transdisciplinary services delivery, and forth inclusion of empirically and value driven practices.

*Mary E. Young* (1995) says that the most rapid mental growth occurs during infancy and early childhood, and on the whole, early years are critical in the formation and development of intelligence, personality and social behaviour. Because infancy is a period of unusually rapid maturation and sensitivity, a high degree of environmental stimulation is needed for the development of secure conceptual structures and social relationships in later life. Therefore early intervention could have more lasting positive effects.

The same author has advanced the following approaches on early child development programs and projects.

1. Delivering services to children: This approach which is usually center based but can also be home based, focuses on attending to the immediate needs of children.
2. Training caregivers and educating parents: This approach informs parents and caregivers of methods that aims to improve the quality of care and interaction the child receives, thereby enriching the child's environment and development.
3. Promoting community development and assisting women in development objectives: This strategy stresses community initiative, organization, and participation to create a basis for political and social change to improve conditions that adversely affect development.
4. Strengthening institutional resources and capacities: This approach strengthens the institutions responsible for implementing early childhood programs.
5. Strengthening public awareness and demand: This approach focuses on the production and dissemination of information necessary to create awareness of and demand for, early childhood services from parents, community leaders, and policymakers.

In addition to these, there are two important factors that influence and facilitate the successful implementation of early child development services. These are:-

6. Development of national child care and family policies: Family policies supportive of women and children can include providing parents with increased time and resources to meet their childrearing and child care responsibilities.
7. Develop supportive legal framework: This includes better monitoring and enforcement of labor legislation and regulations to protect both working children and working women with infants and young children.

#### **2.1.4 The Extent of the problem Worldwide**

It is difficult to get the exact number of the mentally disabled children worldwide. It is estimated that there are about 150 million children who are already affected by disabilities (*Fay Chung, 1997*).

According to *Carol Bellomy*, Executive Director of UNICEF (2001) one to every ten children has serious disabilities. *Rocher institute* (2000) also estimate 150 million children are faced with disabilities worldwide.

#### **2.1.5 The extent of the problem/incidence in Tanzania**

Again it is difficult to know the exact number of children with mental disability. However the problem is more common in all developing countries. (*Gerison Lansdown, 2000*) Taking into regard that children constitute about 46 – 50 percent of the population in Tanzania (*URT, Child Development Policy 1996, and 2002 Population census*) one can conclude that the problem is very prevalent.

## 2.2 Empirical Review

There are number of disabled children projects in Tanzania and worldwide and a lot can be learned from their experiences.

Looking at some cases of disabled children projects in Tanzania, we can get more light on the subject. *American Embassy in Tanzania (2005)* documents a situation where children managed to raise money for their fellow disabled children. This was done through Fun Run event on March 12, 2005 in Stone town Zanzibar to raise money for the Paediatric Occupational Therapy Project of Zanzibar (POTZ). Proceeds from the event helped children to receive collective surgery at CCBRT hospital in Dar Es Salaam. Though the project is multi donors financed, the fact that children successfully participated in raising money for their fellow children, suggests that Tanzanians are able to contribute to their home country projects. Therefore projects should further explore potential of resources base among Tanzanians before rushing to foreign donors.

From *Mwangaza Tanzania* ([www.mwangaza.org](http://www.mwangaza.org)) an NGO in Tanzania, we can learn a lesson that projects should be culturally sensitive and it is important that they address the root causes of the problem of disabilities. The organization uses culturally sensitive interventions, works with families and village leaders to provide health education and helping the disabled to become contributing members of their families. Besides addressing the problem of disabilities by interventions such as providing medical services, interim care and rehabilitation, the organization also run the intervention which

address one of the root cause of disability. Some villages in Babati and Hanang districts in Tanzania have naturally occurring fluoride in their ground water. When children consume water high in fluoride, there are risks of developing a crippling condition called “osteofluorosis” (which causes severe bone deformities and brittleness). Drinking water with other contaminants causes a variety of diarrhea diseases making children weak and more susceptible to disability when they contract other common diseases. To do away with this root cause of the problem, the organization has established a number of Projects to provide safe water.

Kwetu Mbagala is a project in Dar Es Salaam which provides rehabilitation and education intervention to disabled children ([www.dantan.dk/kwetu/kwetu-salv.htm](http://www.dantan.dk/kwetu/kwetu-salv.htm)). This is a good example of a project where by a foreign organization join with local organization to jointly run a project. DANTAN, a Denmark organization joined with Salvation Army, a Tanzanian organization to establish and run Kwetu Mbagala Project.

HOMIDED ([www.compassion.ca/communityprojects](http://www.compassion.ca/communityprojects) ) is a self help organization run by the physically handicapped. Their program help the handicapped to become self sufficient through hand crafts and training.

Apart from Tanzanian experience we can also learn from worldwide experience of some projects .*Venus Ilagan (1998)* explains the programmes and services for Filipino children with disabilities. Since it was established in July 1990, the Katipunan Ng

Maykapansanan Sa Pilipinas, Inc. (KAMPI) (the National Federation of Disabled Persons of the Philippines) has instituted programmes and services to assist children with disabilities. KAMPI project in India is having comprehensive and holistic approach for services provided, and this has always assured maximum rehabilitation and therapy benefits. The program accepts children only when accompanied by their parents/guardians. This is crucial as rehabilitation is a continuing process and parents simply proceed in the rehabilitation while at home.

*Samir Ghosh (1998)* studied two different programs run by different organizations in Indonesia. The first organization, Yayasan Bhakti Luhur (YBL) a very large scale NGO runs centre program composing activities; institutional care, special school and vocational training. Yayasan Bhakti Luhur is a very large scale NGO in Indonesia; focused on care and social integration of disabled children. Services are spread over the island of Java, Flores, Bale, Moluccans, West Timor and Kalimantan. The headquarters of YBL is located at Dieng Centre in Malang. The other organization, Yayasan Abdi Kasih (YADIKA) is at Martubung which is located 17 kilometres from Medan in the island of Northern Sumatra. YADIKA runs outreach program, which involves home visits and teaching. The program is very useful especially for those who cannot come to school due to multiple disability and those who come to school and get intervention at their homes. According to the same author this approach is weak in community resource mobilization because they prefer to concentrate at family rather than at community level. My opinion is that the same approach can be community centred if strategies to draw



community participation in outreach program can be employed. Samir Ghosh saw that for maximum efficiency and sustainability both programs have to be employed because they complement each other.

*Sophie Sauvey (1998)* reports on the importance and process of volunteering as applied on the project of Handicap International. In 1997 the Programme for Economic and Social Rehabilitation (PRES) of Handicap International/Cambodia established a project for disabled children. The project could fail if volunteers were not used. Volunteers were taken from the community. At first the project faced the problem of volunteer dropouts. To fight against volunteer dropouts the project avoided the process of selection and instituted volunteering. This means people were genuinely invited to volunteer, rather than just selecting them. Volunteers were then trained to improve their mastery of work.

*David Werner (1995)* presents an innovative community program where disabled persons themselves or members of their families take the lead in management, provision of services and decision making. PROJIMO is a Spanish word for 'neighbour'. But it also stands for Program of Rehabilitation Organized by Disabled Youth of Western Mexico. PROJIMO is a rural program run by disabled villagers to serve disabled children and their families. According to this Author, the programme has recorded good performance and is sustainable. PROJIMO differs from many rehabilitation programs in a number of ways:

- Community control. PROJIMO is run and controlled by local disabled villagers.

- De-professionalization. The village team, is made up of disabled persons with an average education of only three years of primary school. Their training has been mostly of the non-formal, learn-by-doing type. There are no titled professionals on the PROJIMO staff. Rehabilitation professionals are invited for short visits to teach rather than to practice their skills.
- Equality between service providers and receivers. There is no clear line between those who provide services and those who receive them. Visiting disabled young persons and their families are invited to help in whatever way then can. Most of the PROJIMO workers first came for rehabilitation of themselves. They began to help in different ways, decided to stay and gradually became team members and leaders.
- Self-government through group process. The PROJIMO team has been trying to develop an approach to planning, organization, and decision-making in which all participants take part. The group elects its co-ordinators on a one-month rotating basis so that everyone has a turn. This leads to a lot of inefficiency and confusion, but to a much more democratic group process.
- Modest earnings. The PROJIMO team believes that they should work for the same low pay as that of the farming and laboring families they serve, thus saving cost to enable wider coverage.
- Grassroots multiplying effect. The PROJIMO approach has been spreading in various ways. Locally, families of disabled children in a number of towns and villages have begun to organize, build playgrounds, and form their own special

education programs in other parts of Mexico and Latin America to visit and take ideas back to them. Some programs have sent disabled representatives to work and learn at PROJIMO for several months so they can start similar programs in their own area.

- Unity with all who are marginalized. The PROJIMO team sees society's unfair attitudes towards disabled people as only one aspect of an unjust social structure. They feel that disabled persons should join in solidarity with all who are rejected, misjudged, exploited or not treated as equals. This feeling has led the team to become more self-critical and to seek greater equality for women within their own group.

There are number of projects which aim at raising economic well being of the disabled persons. Thus projects are started with the aim of providing employment and income to disabled persons. With economic advantages, persons are expected to also acquire psychological and social independence, development and well being. *Julie Lewis (2004)* reports on the Multi Million Dollar Hatchery Project in Guyana run by Guyana Coalition of Citizen With Disabilities. *April D'Aubin (2000)* reports that Self Help Association Paraplegics, Soweto (SHAP) established Soweto Self Help Factory in 1983 to address the problems of poverty and powerlessness. The factory is doing various task ranging from simple packaging to sophisticated electronic repairs.

So it can be said that empirical literature review has shown the practical experiences of the processes, advantages, limitations and different types of projects and programmes addressing disabled persons.

## **2.3 Policy Review**

### **2.3.1 International Recognition of the Rights of Mentally Disabled children**

*The Universal Declaration of Human Rights* (1948) Article 25 section 1 state that “Every one has the right to a standard of living adequate for the health and well being of himself and of his family, including food, clothing, housing and medical care and necessary social services.”

The UN General Assembly passed resolution 3447 (xxx) of 9<sup>th</sup> Dec. 1995 declaring the rights of Disabled Persons, which includes, (Article 1), “The right to Medical, psychological and functional treatment including prosthetic and esthetic appliances to medical and social rehabilitation, education, vocational training and rehabilitation, and counseling, placement services and other services which will enable them to develop their capabilities and skills to the maximum and hasten the process of their social integrations and reintegration.”

*The convention of the Rights of the child* passed by UN General Assembly resolution 44/25 of 20<sup>th</sup> Nov. 1989 spelt out the rights of the child including:-

- Article 23 section 1 “states parties recognizes that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self reliance and facilitates the child active participation in the Community.”
- Article 24 “States parties recognizes the right of the child to the enjoyment of the highest attainable standard of health and to facilities for treatment of illness and rehabilitation of health”

The OAU (1990) Passed *African Charter on the Rights and Welfare of the Child*, which in article 2 section 1 states “In all actions concerning the child undertaken by any person or authority the best interests of the child shall be the primary consideration”

### **2.3.2 International Policy Guidelines on How to Deal With The Problem of Mentally Disabled Children.**

- “States parties shall ensure to the maximum extent possible the survival and development of the child” (*Article 6 of the Convention on the Rights of the Child passed by UN General Assembly, 1989*).
- “Disabled persons are entitled to the measures designed to enable them to become as self reliant as possible” (*Article 5 of the Declaration of the Rights of Disabled Persons by UN General Assembly, 198*).
- “States parties shall ensure to the maximum extent possible, the survival, protection and development of the child” *OAU (1990) African Charter on the Rights and Welfare of the child*.

Tanzania as a state is a member to UN and OAU (now AU) and has rectified the concerned conventions implying its willingness and liability for implementation.

### **2.3.3 The Rights of Mentally Disabled Children in Tanzania.**

The URT recognizes the following rights of the children (rectified the UN convention of the Rights of the Child).

- (i) Survival rights
- (ii) Developmental rights
- (iii) Protection rights
- (iv) Participation rights.
- (v) The right not to be discriminated against (*section 20 of child Development policy (1996) of URT*).

By the year 2025 Tanzania intends to achieve high quality livelihood to all its citizens including men and women, boys and girls, the young and the old, and the able bodied and the disabled persons, free from inequalities and all forms of social and political relations which inhibit empowerment and effective democratic and popular participation of social groups (*URT, Tanzania Development Visions 2025*).

### **2.3.4 Policy Guidelines in Tanzania**

Tanzania government recognizes that people with disabilities are one of the groups who need special attention (*URT (1996) Community Development Policy*).

Section 9 of the same policy, (*Community Development Policy*) spell out that the government, donors, NGO's and other related organizations and institutions are most responsible in supporting the communities including disabled persons to achieve community development.

*The Child Development Policy (URT) section 30* spells out that, voluntary organizations should educate the public on the rights of the child and participate fully in defending the rights and interests of the Child.

The same Policy on section 5 states that the government encourages non-governmental organizations, individuals, etc to establish centers for children in difficult circumstances.

### 3. RESEARCH METHODOLOGY

In data collection three principle persons were engaged;

1. Alexander Joseph- student from Open University of Tanzania
2. Emmy Silayo- Sibusiso field Officer
3. Salvatory -- Sibusiso field Officer

#### 3.1 Evaluation design

Evaluation design has one purpose to provide framework for planning and conducting the study (*Judith Wilde and Suzane Sockey, 1995*)

*Richard Kruger* has advanced the following evaluation study strategies;

- Baseline strategy. Set a baseline at a point in time and measure again in future. The difference between the two time periods is found.
- Comparison or control group strategy. After finding a comparison or control group, measure before and after the program to show how experimental group differed from control group.
- Reflective strategy. Ask participants and others to reflect back to a baseline level. Asked what have changed in the community and what caused the change.
- Descriptive strategy. Describe the outcome in a narrative manner from the perspectives of the customers and providers. Use stories or main cases.
- Assessment strategy. Experts review of indicators of outcomes. Community observes progress towards outcomes.



### **3.1.1 Evaluation design strategy used in this study**

Besides the fact that comparison or control group strategy is regarded as strongest in evaluation (*Judith Wild and Suzane Sockey, 1995*), it has not been used in our study because of the difficulties in finding control group. Also baseline strategy has not been used because of the lack of baseline data which could comparatively be used against the current data.

Reflective strategy has been selected because it allows respondents to reflect back to a baseline level so as to determine the difference.

## **3.2 Source of information**

In this study data have been collected directly through survey or from existing source of information as narrated below.

### **3.2.1 Existing information (secondary source)**

Secondary source includes;

- Program literature,
- Progress reports,
- Annual reports,
- Audited financial statements,
- Meeting minutes,
- Official statistics

### **3.2.2 People**

The most common source of information in this study is the program participants and beneficiaries, including program staff and parents whose children have received services from Sibusiso. Other person consulted includes; leaders at various levels, head or teachers in special education school, and doctor dealing with mentally disabled school. Survey and focus group discussion were used to collect information from people.

### **3.2.3 Observation**

Observation involved direct observation of program events, activities, and results.

### **3.2.4 Pictorial records**

Records that shows program activities and effects documented in photos

## **3.3 Sampling**

Random sampling was used to select 100 parents to be interviewed out of the 750 whose children have received Sibusiso services. I also used purposive sampling to select 67 leaders for survey. 27 questionnaires were distributed to VEO and WEO of 10 villages and 17 wards found in Arusha municipality. 40 questionnaires were distributed to 40 WEO in Arumeru district. 16 employees of the foundation were selected for interview from all departments of the foundation.

## **3.4 Methods to be used**

The following methods have been used in data collection;

### 3.4.1 Interviews

This method has been widely used in this study. Parents of the children who have received services of Sibusiso foundation have been interviewed to gather data.

We used face to face interviews to parents and head of schools of special education and hospital.

The method has been chosen because of high response rate it receives and less time it takes. Interviews are popular because they are flexible and participatory as they can form an interactive conversation (*Ugur Kuler and Cemal Yitmaz, 2001*). The interview guide was prepared and used to guide the track of interview.

*Nulsen, j. (1993)* mentions three methods used in designing interview;

1. Unstructured interviewing methods are used during the earlier stages of evaluation. The objective of interview at this stage is to gather as much information as possible.
2. Semi structured interviews. A more focused interview design. However there can still be a point of flexibility to allow the respondent to expand on an answer.
3. Structured interviewing has a specific, predetermined agenda with specific questions to guide and direct the interview.

4. In this study we have used structured interview design to save time, make interview more focused, and be able to interview big number of respondents.

### **3.4.2 Questionnaire**

Questionnaire is defined to be a form that people fill out, used to obtain demographic information and views and interests of those questioned (*Brehob, 2001*). *Kirakowski* (1998) defines a questionnaire in a more structured way as a method for the elicitation, and recording and collecting information. So researchers use questionnaires as tools to capture what is in people's minds (elicitation). The data collected from a group of respondent is recorded onto a permanent medium to be analyzed and referenced later.

Questionnaire has specifically been used to local leaders including ward executive officers and village executive officers because taking the fact that most of them are educated, it was easy for them to fill it. The use of questionnaires has another advantage of allowing easy comparison and interpretation of data.

### **3.4.3 Observation**

Observation has been used in complimenting other methods especially interviews. Observation has been used to check the conditions of mentally disabled children, their living conditions, program activities and proceedings.

#### **3.4.4 Photograph**

Photographs of the program activities have been taken to provide visual explanation of the program.

#### **3.4.5 Document review and analysis**

Program related documents have been reviewed and analyzed to get the required program information.

#### **3.4.6 Focus group discussion**

We planned to have two focus group discussions; however we have managed to conduct one focus group discussion.

### **3.5 Instrumentation**

- Questionnaire
- Checklist
- Camera
- Recording sheet

### **3.6 Reliability and Validity**

To ensure reliability questions were prepared and pre tested to check if respondents consistently understand them. To capture validity focus group discussions were held in top of normal personal interview and questionnaire.

### **3.7 Data Analysis Methods**

Data analysis involves organizing and presenting collected information in a way that permits people to understand it. The aim of data analysis is to synthesize information to make sense out of it.

Both techniques, qualitative and quantitative data analysis are employed. Qualitative data analysis involves what is known as content analysis, which involves presenting text or narrative data. The analysis process involves focus by question or topic, period or event and focus by case, individual or group. Quantitative data analysis involves the use of scales of measurement and descriptive statistics. I use numerical counts or frequencies, percentages, graphs and data analysis. SPSS package is employed.

### **3.8 Findings and recommendations**

Findings of evaluation research are presented in text, tables and figures, and recommendations emanating from the findings are presented.

## 4. FINDINGS AND RECOMMENDATIONS

### 4.1 Characteristics of Respondents

#### 4.1.1 Parents of mentally disabled children

We managed to interview 66 parents of children with mentally disabled children (cmd) out of the intended 75. We failed to reach the targeted number because of the number of reasons, significantly being; time limitation, cost involved in reaching those who are situated far in the interior where there is the problem of transport, it was difficult to reach some of the parents because of their absences whenever we visited their homes.

Out of the 66 interviewed parents, 46 were females and 20 males and 19 employed and 47 self employed (see table 1). The number of female interviewee is bigger than that of male because females are more responsible in attending the children than males. When parents were interviewed who normally keep the child most of the time, out of 66 children, 56 were mostly being kept by their mothers. Also it was easier to interview females than males because they were easily available compared to males.

**Table 1 Sex and occupation of parents**

		Occupation		Total
		employed	self employed	
Sex of interviewee	female	7	39	46
	male	12	8	20
Total		19	47	66

Source: own survey

On marital status, 55 respondents were married, 6 were single and 5 found to have separated with their spouse. (See table 2). Out of the 66 respondents 11 were found to be

non educated, 41 primary school leavers (the majority group in this case), 11 secondary school leavers and 3 possessed tertiary education. (See table 2).

**Table 2. Education level and marital status of parents**

		Count			
		Marital status			Total
		married	single	separated	
Education level	non educated	9	2		11
	primary school	33	3	5	41
	secondary school	10	1		11
	tertiary	3			3
Total		55	6	5	66

Source: own survey.

In terms of age out of 66 respondents, 4 parents found to have less than 25 years, 22 parents were between 25 to 34 years, 24 were between 35 and 44, 13 parents were 45 to 54 years old, and 3 parents were 55 and above. Out of 66 parents 25 were residents of Arumeru district and 41 were residents of Arusha municipality (see table 3).

**Table 3. Age and residence of parents**

		Residence		Total
		Arumeru	municipal Arusha	
Age of interviewee	less than 25	2	2	4
	25-34	5	17	22
	35-44	9	15	24
	45-54	8	5	13
	55 and above	1	2	3
Total		25	41	66

Source: own survey.

#### **4.1.2 Children with mental disability.**

Out of 66 children whose parents have been interviewed, 34 were females and 32 males. 20 children were of the age of 5 and below, 30 children were of between 6 and 10. 13 children were between 11 and 15 and 3 children were 16 and above.



**Table 4 Age and sex of children**

		Sex of the child		Total
		female	male	
Age of the child	0-5	10	10	20
	6-10	15	15	30
	11-15	7	6	13
	above 16	2	1	3
Total		34	32	66

Source: own survey

**4.1.3 Leaders**

A total number of 45 leaders responded by filling the questionnaire distributed. 38 were male and 7 females. These leaders were found to be with education level as follows; 26 primary education, 13 secondary education and 6 tertiary education (Table 5). This shows that fewer females holds leadership position compared to males.

**Table 5. Sex and education level of leaders**

		Education level of respondent			Total
		primary education	secondary education	tertiary education	
Sex of respondent	female	2	5		7
	male	24	8	6	38
Total		26	13	6	45

Source:own survey

Out of 45 leaders who responded, 24 were VEO/WEO in Arumeru district, 17 were VEO/WEO in Arusha municipality, 3 were officials in Arusha municipality and 1 official from Aumeru DC office. In terms of age the surveyed leaders were found to be in the following age brackets; 3 up to 30 years, 13 in 31-40 age group, 15 in 41-50 age group, 13 in 51-60 age group, 1 in 60 and above age group (see table 6).

**Table 6. Age and organization/location of leaders**

		Location or Organization of the respondent				Total
		Village/Ward leader at Arumeru district	Village/Ward leader in Arusha Municipality	Officials in Arusha Municipality	Officials in Arumeru DC Office	
Age of respondent	up to 30 years	2	1			3
	31- 40	5	6	1	1	13
	41-50	10	4	1		15
	51- 60	6	6	1		13
	60 and above	1				1
Total		24	17	3	1	45

Source: own survey

**4.1.4 Sibusiso staff**

16 Sibusiso staff were interviewed, 7 were males and 9 females. Out of 16 staffs 8 had tertiary education, 6 had secondary education and 2 were primary school leavers.

**4.1.5 Personnel in the related organizations**

We also interviewed the Principal from Patandi Special Education Teachers College, a doctor from Mt Meru hospital and 5 teachers from 5 schools.

**4.2 Data analysis and presentation****4.2.1 The Outcomes/Impacts of the Program****1. To the target population**

The target population of the program is the children with mental disability (cmd). Generally out of the parents/guardian of the cmd when asked about their satisfaction 63 said they are satisfied with the program and 3 said they are not satisfied.

78.8 percent of the interviewed parents/guardians, whose children received Foundation services, said their children have demonstrated improvement of their behaviours/conditions against 19.7 percent who saw no changes and 1.5 percent who saw deterioration of the child. (Table 7)

**Table 7 Changes to the child**

	Frequency	Percent	Cumulative Percent
deterioration	1	1.5	1.5
improvement	52	78.8	80.3
no changes	13	19.7	100.0
Total	66	100.0	

Source: own survey

23 children whose parents have been interviewed were reported to be socially integrated against 43 who were reported to be not socially active. This has been concluded to those children who are reported to demonstrate more active participation in social processes like playing with their age mate, and actively participating in churches/mosques groups.

**Table 8 Child social participation**

	Frequency	Percent	Cumulative Percent
active	10	15.2	15.2
inactive	43	65.2	80.3
moderate	13	19.7	100.0
Total	66	100.0	

Source; own survey

The number of those who were not socially integrated (43) seems to be big but this can be caused by other factors like extreme physical disability and age of the children. 70 percent of the children whose parents have been interviewed are below the age of 6 years, so it is difficult for them to be socially integrated into community as most of the time they are under direct supervision of parents/guardians.

Of particular importance in contribution to effectiveness and efficiency of the program is the training given to parents. Parents/guardians receive professional training from physiotherapist, nutrition therapist and teachers on how to attend the children while at home. This gives continuation of the services offered at the center. Out of 66 parents/guardians 83.3 percent said they received training from the center against 16.7 who said they did not receive (see table 9).

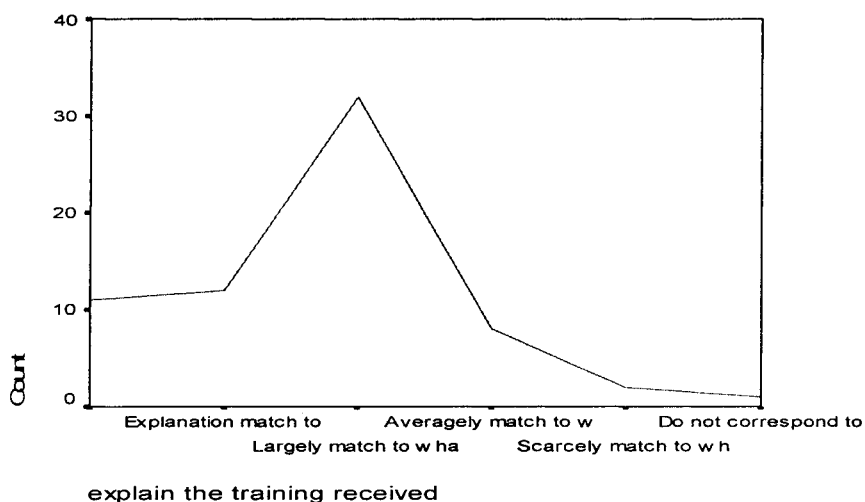
**Table 9 Training for attending the child**

	Frequency	Percent	Cumulative Percent
no	11	16.7	16.7
yes	55	83.3	100.0
Total	66	100.0	

Source: own survey

More encouraging is the fact that a good number of those who received training were able to explain satisfactorily what they have been taught. This gives an assumption that training continued at home places. (See figure 1).

**Figure 1. Training efficiency**



For the interviewed leaders who happened to know the services of the Foundation, 46.7 percent of them rated the Foundation services as very good, 17.8 percent rated as good , 4.4 percent rated as moderate and only 4.4 percent rated it as unsatisfactory (see table 10). So even in the eyes of leaders apart from parents, the services of the Foundation is good.

**Table 10 Rating Sibusiso services**

	Frequency	Percent	Cumulative Percent
Very good	21	46.7	46.7
Good	8	17.8	64.4
Moderate	2	4.4	68.9
Unsatisfactory	2	4.4	73.3
I do not know them	12	26.7	100.0
Total	45	100.0	

Source; own survey

Of particular concern is to know what is said as contributing to the “goodness” of the program as asserted by parents. Love and courtesy was mentioned by 21.2 percent of the interviewed parents as contributing to their satisfaction with the services. Efficient and good services were mentioned by 24.4 percent of the interviewed parents. Cooperation was mentioned by 6.1 percent of the interviewed parents, training and advice to parents/guardian was mentioned by 6.1 percent of the parents and 6.1 percent of the parents mentioned good environment and good working tools as contributing to program satisfaction.(table 11).

**Table 11 Service satisfaction**

	Frequency	Percent	Cumulative Percent
no explanation	24	36.3	40.9
love and courtesy to children	14	21.2	57.6
efficient/good service	16	24.2	81.8
cooperation	4	6.1	87.9
training/advice to parents/guardian	4	6.1	93.9
good environment and social climate	4	6.1	100.0
Total	66	100.0	

The program has contributed to **positive effects** to parents. 31.8 percent of the interviewed parents declared to have acquired increased knowledge on child rearing and attendance, 16.7 percent declared to have acquired knowledge on management and organization, 15.2 percent declared to have acquired knowledge on social interaction and communication. (Table 12)

**Table 12 Advantages of the program**

	Frequency	Percent
knowledge on child rearing/attendance	21	31.8
knowledge on management and organization	11	16.7
nil	21	33.3
others	2	3.0
knowledge on social interaction and communication	10	15.2
Total	66	100.0

Source: own survey

The children and parents also received the following **benefits**;

- Mosquito nets which have been distributed to them with the aim of controlling the spread of malaria. It should be noted that 5 percent of the interviewed parents admitted that disease/suffering and inability to provide required food as causes of the mental disability to the children
- Special shoes and chairs were given to children as recommended by physiotherapist. Parents contribute at least ten percent of the cost of those items, only those in extreme poverty are given without pay.
- Medical services. The Foundation has facilitated 10 referral cases of the children to KCMC. The Foundation also distributes drugs to needy children especially drugs for epilepsy as recommended by medical doctors.

- Children especially those with malnutrition problems are given food supplements. These foods which contain essential/required ingredients have proved to be effective and efficient.
- The needy children are also given clothes and shoes during the events organized by the Foundation where people are encouraged to donate the same.

## **2. To other categories of people**

The program has led to the following positive effects to different categories of people

### **Employees**

The Foundation offers employment with remuneration and benefits like salaries, credit facilities, and medical coverage. Employees also get an avenue for career development and exposure for networking with other people and institutions.

### **Students/researchers**

The Foundation offers room for conducting research and field attachments and other academic studies. The Foundation so far has hosted more than 20 full time student volunteers and researchers in issues pertaining to Foundation programs.

### **Neighbours and community in general**

The Foundation collaborate in maintenance of 2 kilometers road by periodically rehabilitating it thus making it passable through out the year. The Foundation has increased security by opening up the area with construction and the increase of inflow of people as a result of the Foundation establishment. The Foundation provides

employment to neighbouring community. Around 30 people from surrounding areas have been fully employed by the organization and more than 70 people have temporarily been employed at different times. The Foundation provides Conference Hall which is used for private social events like wedding and confirmation ceremonies.

Perhaps to give a picture of the impacts of the program to cmd, let us know what the father of Goodluck (18), Evarist Gadi (50) had to say about the program impacts to his child. *“Actually I thank very much Sibusiso Foundation for what they have done to my child. Formerly Goodluck was not what he is now. Changes are openly observable. He can now participate effectively in social and economic arenas. This year he managed to cultivate 2 acres of land, and the harvest was satisfactory. He is currently working at Sibusiso centre where I am told he has managed to demonstrate a good level of work mastery. I can confidently say he is now a fully responsible person”*

#### **4.2.2 Negative impacts**

One serious concern though reported by only 2 parents (out of 66) interviewed was the tendency of comparatively better off children to imitate the gestures of those seriously affected children. One parent reported that his child was a slow learner and could speak though slowly but when he went to the center and stay with those who communicate by gestures (the dumb) he stopped speaking and started using those gestures in communication.



### **4.2.3 Evaluation of the Program Implementation**

The program consists of components and activities as explained in chapter one. The resources at disposal are limited but readjustment is done as per funds availability. So far it can be said the implementation is good and within budget. As per progress reports there are more than 900 children who received services out of the expected 650 since the commencement in 2000. Generally all the activities including open days, community meetings home visits and workshops are going as planned.

The staffs employed are generally qualified. There are 58 staff including 1 General Manager with education and experience on children with mental disability development projects, one physiotherapist with experience and education on physiotherapy, three certified Nurses with experience and skills on nutrition therapy, four certified teachers. However in teaching there is a lack of teachers with special needs education. Generally there is scarcity of special needs teachers as their output is limited.

### **Program effectiveness**

Program effectiveness is the extent to which the program objectives have been achieved or can be expected to be achieved. Assessing effectiveness presupposes that the program objectives have been unambiguously and operationally defined with clear and appropriate out puts/indicators so as to make verification possible.

Going by the above definition we are of the opinion that the Foundation recorded a positive effectiveness. However we would like to comment on advocating for the rights of mentally disabled children and creating constant awareness of their situation, that the activities addressing this objective including open days and community meetings are not enough to effectively advocate for the change. Strategies which will effectively lead to the awareness of most people including leaders should be thought. In line of this we recommend the Foundation staff and volunteers to frequently seek room for presentation in village meetings where most people (rather than their own organized community meetings) meet. The foundation should make special program of visiting all the leaders and educating them about their programs. When leaders were asked if they know the Foundation, 12 out of 45 leaders declared not to know the Foundation programs. This is not satisfactory situation considering the fact that leaders are very important stakeholder of the program. A quick action to redress the situation is recommended.

#### **4.2.4 Evaluation of the Program Context and Needs**

In other words we call this **Project relevance**, which concerns whether the rationale behind the program is in keeping with priorities and needs of local community and society in question. It is a question of how well the program has succeeded in reaching the target groups and whether it is directed towards areas to which the involved parties have given high priority.

The Foundation's program is in line with Tanzania government policies as stipulated in Poverty Reduction Strategy Paper (PRSP), Community Development Policy, Child Development Policy and Vision 2025 (refer chapter 2 of this report for relevant policies).

Also it has been established that the program is in line with the needs of the community. When leaders of the community in target areas were asked on how do they view the extend of the problem of cmd, 24.4 percent said the problem is very big in their areas, 48.9 percent said the problem is big, 24.4 percent said the problem is moderate and 2.2 percent view it as small problem (see table 13).

**Table 13 Rating mentally disabled children problems**

	Frequency	Percent	Cumulative Percent
Very big	11	24.4	24.4
big	22	48.9	73.3
moderate	11	24.4	97.8
small	1	2.2	100.0
Total	45	100.0	

Source: own survey

So I can say the program fit in community because of the prevalence of the problem being addressed. More over the program has enjoyed the existing organization like village and ward leadership who offers organization for community meetings and field visits.

People confer cooperation by fully participating in the program, and this indicates that the program is accepted and people confer cooperation.

#### **4.2.5 Sustainability**

The concept of sustainability involves organization ability to continue performing in longer time with expected results. It entails ability of the organization to and community to run socially and economically viable projects within their means.

Evaluating the organization on the issue of sustainability the following were noted;

- Gender issue is very much connected to sustainability. 20 percent of the interviewed parents admitted that mothers stay with the children most of the time. This means women lack time for economic activities as compared to males. It is obvious that if men can be motivated to spare more time for keeping the child and attending program they could significantly increase their funding bearing in mind that men control the resources and are decision makers.
- The use of local leaders and intensively involving community in Foundation program promote the sense of ownership and acceptability and hence increase sustainability.
- The organization depends excessively on foreign funding for nearly all operational costs. Therefore the organization should reflect on increasing internal source of funding by exploring possible alternatives. 4 percent of the parents who responded to the question requiring them to advise on how to source their

contribution said they are ready to contribute as long as the service is effective and contribution is affordable

#### **4.2.6 Networking**

The organization maintains good network with other organization dealing with the same or related problems. The Foundation is an active member and currently its general manager is the secretary of the network of organizations dealing with people with disability in Arusha and Manyara regions. Through networking the organization has enjoyed exchange of ideas and knowledge, moral and material support, linkages with other organizations for their services to children. The organization network with other schools dealing with children with disability and hospitals for rehabilitation of the children

#### **4.2.7 Respondents' advice on how to improve the program**

Respondents were asked if they had advice for improving Foundation's program. The following advices for improvement were mentioned;

- Many respondents mentioned training curriculum and delivery methods as an area requiring changes (see figure 2). 30 percents of parents mentioned it. Also the interview held on teachers pointed this area as requiring some changes. Aspects mentioned for changes includes extending training duration from the maximum of three months to the maximum of six months depending on the level of the problem of the child and his/her response to the training. Many parents

advised that the training should be extended to include primary education to standard seven and vocational training. However we are of the opinion that this will involve major structural change of the program which will involve alternative major change on planning, costs, philosophy, organization and the whole program. We rather recommend the foundation to consolidate on and improve the current program.

- 10 percent of the parents advised that the foundation should give more education to parents and guardians. We recommend the organization to work on it.
- 12 percent of the parents said that the foundation should increase cooperation with stakeholders so as to improve the program.
- 12 percent of parents advised that the foundation should improve economic positions of parents. We recommend the foundation to liaise with organizations with such objectives so that they can address the same.
- 54 percent of parents advised that the foundation should come closer to them or move the services to where they are. Parents mentioned this because they regard the center to be far from them and they are deterred by traveling costs. Again it is our opinion that this advice is connected to the one mentioned above. It is because of poor economic position that some parents find difficult to foot traveling costs to the center. We recommend the same solution as above.

### advice for improvement

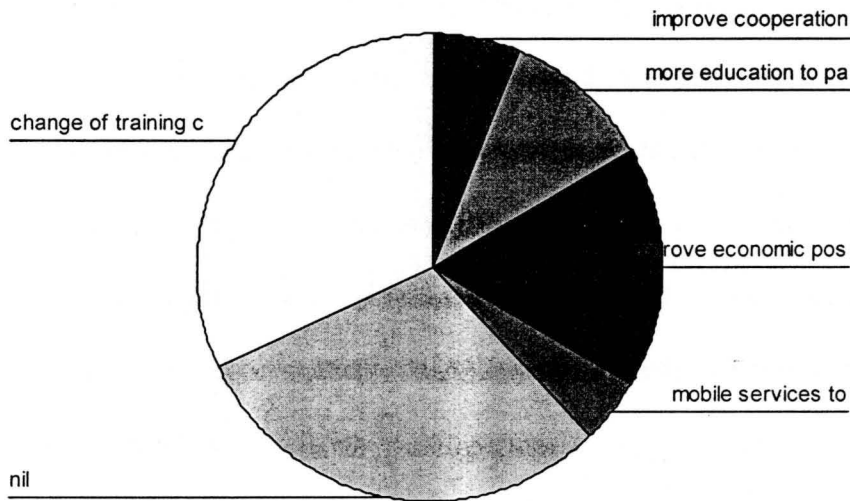


Figure 2

#### 4.2.8 Problems of the Program

The Foundation program is facing the number of problems, discussed as follows;

1. Too much demand for the service. The organization was established to serve people in Arumeru district and Arusha municipality only. It was difficult to know the magnitude of the problem because there are no reliable statistics on disabled people. But now people are coming from many places of the country causing pressure on how to attend them. Example the Foundation planned till mid 2004 to have delivered services to 650 cmd, but till the time it has served about 900.
2. Over expectation from parents. Some parents don't center on the primary goal of stimulating mental capability of the children and giving them basic skills like

maintaining body and environment hygiene, and mastering communication, but, rather mastering writing and reading within three months, besides their mental capability limitations. More education to parents is recommended.

3. Society altitudes. Some parents of cmd and other members of the society depend too much on charitable organizations even for the things they can manage. It has gone to the extent of, for instance, demanding the organization to bear burial costs for their children. Some parents hide cmd in their homes away from the public. To overcome this problem again more education to parents and public is recommended.
4. The organization faced problems of getting some qualified teachers with special needs education. However the organization has committed teachers with skills on early child development.
5. Lack of cooperation from some community leaders. Some readers are uncooperative and are only willing to confer cooperation when they expect to be given some money.

#### **4.2.9 Lessons**

1. Gender imbalance has serious negative effects to the development of cmd. Men may lack an opportunity to know the real problem of the children just because they spent little time with them. Women may lack time for other economic activities because of the fully engagement of keeping the children hence subjected into poverty.



2. Mental disability is the serious and widespread problem in Tanzania. Perhaps the problem is more than what many knows.
3. There is great relationship between the cause of mental disability to children and poverty. Out of 66 parents who were asked about the cause of children mental disability 44 mentioned diseases and suffering as responsible and 8 mentioned lack of food, all these have strong relationship with poverty.

#### **4.2.10 SWOT Analysis**

SWOT stands for strengths, weaknesses, opportunities and threats the organization faces. This analysis was done to map the organization position and determine the way forward. SWOT analysis was conducted during 21<sup>st</sup> November community meeting. Participants included 2 board members, 17 staffs, 20 parents, 7 community leaders and 5 others (volunteer, researcher, and visitors).

Out of the meeting the Foundation was found to posses;

Strengths;

- Well known and accepted Foundation. People have confidence on it.
- Well established with buildings, compound necessary staff and good management
- Good networking/relationship with other organizations with related mission
- Volunteers are coming, so can be used more
- Committed and well qualified staff

### Weaknesses

- Too much foreign donor dependency, this hamper sustainability because of the unreliability of the funding
- Inadequate personnel especially teachers with special needs education

### Opportunities

- Government policy and political will, encouraging non governmental organization to take active role in such endeavors.
- Good network with other stakeholders addressing similar or related problems
- Increasing confidence on NGO'S/CBO'S by government and community.
- Existence of willing donors.

### Threats

- Existence of some corrupt leaders who demands money before they can confer cooperation
- Poverty of the target population, some people fail even to afford bus fares to and from the Foundation compound.
- Ignorance of some parents, so it may be difficult for them to understand and pass training to disabled children.

Out of SWOT analysis, members agreed that the Foundation should continue with the current program with the steady expansion basing on the deliberations; to increase advocacy and education on the program especially to “uncooperative” leaders and larger

community, seeking other viable sources and spread the base of funding, increase cooperation with other stake holders to effectively realize the objectives.

### **4.3 Recommendations**

1. The Foundation should increase lobby and advocacy of the rights of cmd as the achievement of the goal very much depends on the role of other players. Example the fully participation of target community very much depends on their economic well being. Things like transport costs to and from the Foundation premises hinder their participation. More over the demand of the Foundation to employ teachers of special needs education depends very much on the output of those teachers from the colleges owned by other institutions.
2. Seek local sourcing of funds for sustainability of the program
3. Gender sensitization should be addressed. The role of child care should not only be born by mothers. Let fathers be integrated into equal player role of rearing.
4. Wider, intensive research should be done on the problem of child mental disability. It is astonishing to see that there is no big coverage of the problem besides its prevalence. More research needs to be done especially on areas the extent, pattern, and causes of children mental disability, the relationship between poverty and mental disability and the feasible interventions of the same.
5. Liaise with the Ministry for Education to requests for teachers with special needs education.

6. The Foundation should promote itself by engaging in media campaign, pay introduction visits to leaders and offices.
7. Connected with the issue of sustainability, we recommend the organization to make more use of mass media and VIP's to advertise the program and solicit for funds. Out of 66 parents who were asked how did they know the Foundation, only 3 said they knew it through mass media. Fundraising campaign can exploit much from mass media coverage and the use of VIP's like Ministers and political leaders.
8. The Foundation should put in place evaluation frame work, which should employ either monitoring and evaluation officer and/or draw evaluation policy to incorporate regular evaluation of the program.

#### **4.4 Conclusion**

In conclusion we say that the organization has generally been efficient and its work is commendable. We are also of the opinion that the management should seriously consider our recommendations with a view of improving Foundation's programs and realizing objectives and goal.

## **5. IMPLEMENTATION**

### **5.1 General Implementation**

As a result of the presentation of this study, the management undertook the following in implementing observations and recommendations;

1. To put in place evaluation framework. Evaluation exercise now will be taken regularly. It is a must that the evaluation will involve high degree of community participation. There will be two types of evaluation. At every year end, the Foundation's management and employees, sponsors, parents of children and community at large will be involved in conducting self evaluation of Foundation program. Recommendation for adjustment, if any, and seen feasible, will be incorporated in the plans for the following year. Once in every three years, the Foundation will commission external evaluator to lead in conducting intensive evaluation exercise of the Foundation program. The evaluation will not only increase efficacy of the program, but also make all parties in the program recognize their importance in improving the program and be ready for further participation. Stake holders including Foundations management and staff, parents, leaders and community in general have been involved in the formulation of evaluation policy, which is presented in the following part of this chapter.
2. It has been observed that a considerable number of leaders (VEO and WEO) do not know foundation activities. This is a serious anomaly and need to be quickly redressed. Following evaluation recommendation to increase participation of local leaders, commencing July 2005, the organization will conduct intensive campaign

to draw leaders' participation closer. It is intended to conduct 4 seminars where VEO, WEO, district and regional leaders will be invited. There will be regular visits to all VEO and WEO with the same purpose. The aim of the campaign is to make the organization closer to leadership thus benefit from their capacity for lobbying and influence to community. The cooperation with leaders will benefit the organization in carrying out activities like identifying children with disabilities, fueling partnership with other institutions with the goal of helping children with disabilities.

3. It has been noted that community meetings the organization normally conducts in villages for the purpose of identifying new eligible children and increase community participation receive poor turn up from community members. Normally in every community meeting schedule for the next community meeting is announced and the village/ward governments are given notice for the next meeting so that they can circulate to the community. To increase rate of turn up and community participation in any Foundation community meeting conducted in villages/wards, massive advertisement including advertising in schools, churches, mosques, meeting places like market will be done two weeks before to raise awareness and improve attendance and participation. The notice for the meeting will be given through posters and oral announcements.
4. Currently the foundation General Manager is the chairman of network for NGO's dealing with children in Arusha and Manyara, and the foundation plays active and commendable role. The management will uphold the current active role and

through the network push for wider participation from other organizations which are not members. The modalities and strategies to increase membership will be decided by the Network. The aim is to pool resources and efforts for common goal.

5. Currently the organization publishes only annual reports and does not have circulation strategies. Commencing July 2005, the Foundation will publish and circulate Quarterly publications explaining their activities, educating and advocating for the rights of mentally disabled children and seek participation and support from various stake holders. The quarterly publications will be distributed to other organizations, village and wards where foundation's activities are carried, leaders and parents of children with mental disability. The language to be used in those publications will be Swahili.

## **5.2 Evaluation Policy**

### **1. INTRODUCTION**

This document outlines a comprehensive approach to evaluation for the Sibusiso Foundation's Mentally Disabled Children Program. The evaluation policy and framework are part of the Foundation's ongoing commitment to continuous improvement and accountability and reflects the Foundation's commitment to work with stakeholders and realize outcomes. Evaluation is an integral part of the ongoing management and operation of the Foundation.

## **2. BACKGROUND**

Evaluation is the process of determining the merit, worth or value of something, or the product of that process. Evaluation is a formal process of: gathering and analyzing information about some aspect of a program or service (or the program or service overall) in order to effect improvements or refinements, and/or to assess the overall quality and results, effects and impacts (intended and unintended) of the program/service; and communicating the results of the evaluation to other decision-makers or appropriate groups.

Formulation of this policy follows management intention to give more weight to program evaluation and to implement wishes of stake holders as recommended in 2004-2005 evaluation exercise.

## **3. OBJECTIVES**

The overall purpose of the evaluation is to consider how well the program meets its objectives. Process evaluation is also included in this regard. The evaluation aims at generating and sharing information. Since the goal of Sibusiso Foundation is “to ensure the dignity of mentally disabled children of all cultural and religious backgrounds, to help them discover and develop their potential, and to facilitate their integration into society”, evaluations need to tell us whether and in what ways the programme would support this.



The objective is to provide feedback, analysis, and recommendations for the programme and management to support continuous improvement and accountability for the operations of the program and the post program concerns.

The Evaluation Policy is intended to achieve the following specific objectives.

- a. Promote the correct understanding of evaluation and create an evaluation culture among the programme managers and use evaluations to '*manage for results*'.
- b. Enable learning of lessons from past experiences and use the knowledge to improve current and future performance of the programme.
- c. Improve the design of the programme through effective integration of evaluation findings into programme formulation, reforms, planning and budgeting processes.
- d. To enhance or promote accountability, sustainability, transparency and cooperation among stake holders.

#### **4. TIMING**

Quarterly, semi annual and annual reports will be prepared and produced at the end of quarter, mid year and year respectively in every calendar year. A comprehensive evaluation involving external agent will be conducted at the end of every three years starting from this year (2005)

#### **5. VALUES AND BELIEFS ABOUT EVALUATION**

The following values and beliefs will influence the operation of all evaluation activities undertaken by the department.

### **Accountability**

Evaluation contributes significantly to the development and maintenance of the programme accountable and responsive to the mentally disabled children, parents, government, donors, and community. Through evaluation the system is enabled to;

- understand and report the results and impacts of its programs and services relative to the expectations and objectives;
- on the basis of this understanding, improve programs and services to effectively meet needs; and
- develop strategies in response to evolving and changing expectations and/or socio-economic environments.

### **Continuous Improvement**

Continuous improvement ensures policies, programs, and services are modified as needed, to ensure their continued effectiveness in addressing the evolving needs of clients, communities and stakeholders. Evaluation activities, including longitudinal tracking, need to be conducted on an ongoing basis. A commitment to using evaluation as a management tool should be integrated within the philosophy and function of the programme. All initiatives, programs, and services will systematically undergo evaluation, focusing on the analysis of impacts and results of their respective operations and how they can be enhanced.

### **Program/Service Ownership**

In order to have an environment where evaluation is part of the culture, individuals within programs and services need to develop a sense of ownership of, and commitment

to, evaluation and the evaluation results. This environment is most effectively achieved when managers and staff find inherent worth in evaluation and integrate it into their operations as an essential management tool.

### **Collaborative and Inclusive Effort**

Each evaluation assesses the implications and impacts of policies, programs, and services for a wide variety of unique stakeholders. A collaborative effort seeks and respects input from stakeholders. A variety of processes and approaches, based on the policy, program, or service's issues, must be used to ensure stakeholders have the opportunity to participate.

### **Learning**

Establishing effective feedback loops from evaluation to decision-makers, operational staff and the general public is essential if evaluation lessons are to be learned. The recognition that feedback that stakeholders understand and find useful is a key output of evaluation has led the Foundation to nurture partnerships with stakeholders to ensure that evaluation recommendations are adopted and lead to the required changes and performance improvements.

## **6. APPROACH TO EVALUATION**

The Foundation's evaluation activities will be undertaken using a common approach including the following features:

### **Team Approach**

Collaboration and inclusiveness are two of the values inherent in the Foundation's approach to evaluation. A team, responsible and accountable for the evaluation project, will ensure both critical stakeholder input and an appropriate level of technical and program expertise. An evaluation working team includes the following members:

- Program representatives with direct knowledge of the objectives and operational details of the program.
- A representative with evaluation expertise who understands the process of evaluation, has expertise in the required technical aspects of evaluation methodologies, and can provide technical advice and expertise to the evaluation. Evaluation expertise should be an external agent.
- Stakeholders in the program or service need to be involved. Stakeholders not at the table should have their interests and issues represented in alternate ways.
- Other members may be added depending on the specific nature of the evaluation.

### **Required Assessment of Goal and objectives**

There should be an assessment of the goal and all objectives in all evaluations. The best practices and lessons learned related to goal and objectives are identified.

### **Defined roles and responsibilities**

Roles and responsibilities should be defined for all stakeholders in the programme. The evaluation should address this issue and see if there are weaknesses in different parties towards better achievement of the goal and suggest remedial actions.

## **7. MONITORING**

The purpose of monitoring is to ensure the systematic assessment of performance and progress of the Foundation's interventions toward achievement of outcomes of the program. Information from monitoring should provide the basis for making decisions and taking actions. As such it supports immediate decision making needs and contributes to long term knowledge building. The General Manager should ensure mix of monitoring tools and approaches with the following characteristics;

- (a) Reporting: obtain and analyzing documentation from the programme that provides information on progress
- (b) Validation: Checking or verifying whether the reported progress is accurate or not for example; field visits, spot-check visits and client survey.
- (c) Participation: Obtaining feedback from stakeholders and beneficiaries on progress and proposed actions, example; steering committee, focus group meeting and annual review.

## **8. MONITORING TOOLS**

There will be the following monitoring tools

### **(1) Annual Report**

This is a self assessment report of the program conducted annually (December) by program management with the aim of assessing the performance of the programme in contributing to intended outcomes.

### **(2) Quarterly and semi annual reports**

Besides annual report the practice of preparing quarterly and semi annual report should continue.

### **(2) Participating stake holders' workshops**

The existing “open days” should continue with the improvement of inviting more and reliable stake holders to discuss programme issues.

### **(3) Field visits**

Apart from normal field visits, there will be field visits with the aim of assessing the performance of the program in contributing to intended outcomes.

## **9. EVALUATION KEY THEMES AND PRINCIPLES**

Evaluation to be conducted will answer pertinent questions in the following areas;

### **Effectiveness**

- How far have programme objectives been achieved?

### **Efficiency**

-what have been the costs of achieving the objectives and what have been the causes of inefficiencies. The aim here is to assess the outputs in relation to inputs, looking at costs, implementing time and economic and financial results.

### **Quality of services**

-How does this programme affect the quality of services/care provided

-How does this programme affect access by other needy children?

-In what ways does this programme facilitate integration with other children's developmental concerns and other stake holders?

### **Coherence**

- does the programme activities lead to achieve the objectives in a coherent fashion?

### **Sustainability and transferability**

- Will changes brought about be self sustaining and continue in a long run or will there be need for changing on going intervention? What lessons did you learn about the program that might be useful to other programmes/settings/places?

### **Impacts/Effects**

- What kind of changes in mentally disabled children occurred as a result of the project?
- What are the strengths and weaknesses of the program?
- What do people gain/learn?
- Are the participants satisfied with the program?
- Should address population perspectives on changes to mentally disabled children
- Should explore and explain unintended results

### **Program Implementation**

- What does program consist of? Activities, events, components?
- Who actually carries the program and how well do they do it?
- How many volunteers are involved and what roles do they play?
- Are the financial and staff resources adequate?

### **Program Context and relevance**

- is our programme consistent with the problem? Does it address the problem?
- How well, does the program fit in the local setting with welfare needs of the target community?

- What in the social economic political environment inhibits or contributes to program success?
- What are current practices?
- What changes do people see as possible or important?

## **10. METHODOLOGIES, FRAMEWORK AND INDICATORS**

### **Monitoring and evaluation practices**

The policy recognizes that there may be employed different methods of evaluation depending on factors such as time available, number and type of people involved and funds available. The Foundation encourages the use of a mix of methods that will ensure efficient and effective evaluation exercise. However participatory methods must be included to ensure participation of various stake holders.

### **Logical Framework Approach**

The Logical Framework approach is an essential monitoring and evaluation instrument that facilitates results oriented programme implementation. This approach establishes the links between goals, objectives, outputs, and inputs through verifiable indicators and specification of the assumptions that underlie these relationships. The logical framework approach should be used in evaluation.

### **Performance and Impact Indicators**

Evaluation of the programme should depend on well developed sets of indicators which can provide the basis for before- and –after analyses and describe the effects of the programme.



## **11. EVALUATION REPORT AND COMMUNICATION**

For every evaluation the report should be prepared in time and the same distributed to management, staff, parents, leaders at village, ward, district and regional levels, organizations dealing with, in one way or another, mentally disabled children and community at large.

## **12. IMPLEMENTATION**

The board and management will ensure discussion and analysis of the evaluation report and recommendations and ensure implementation by various stake holders where and when feasible.

## **13. CONCLUSION**

This policy aims at consolidating participation of stake holders in Sibusiso Foundation programme and act as a tool of learning toward improving Foundation programme. The policy is open for constructive changes if deemed fit from various sources including expert's advice, staff meeting and stake holders meeting.

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